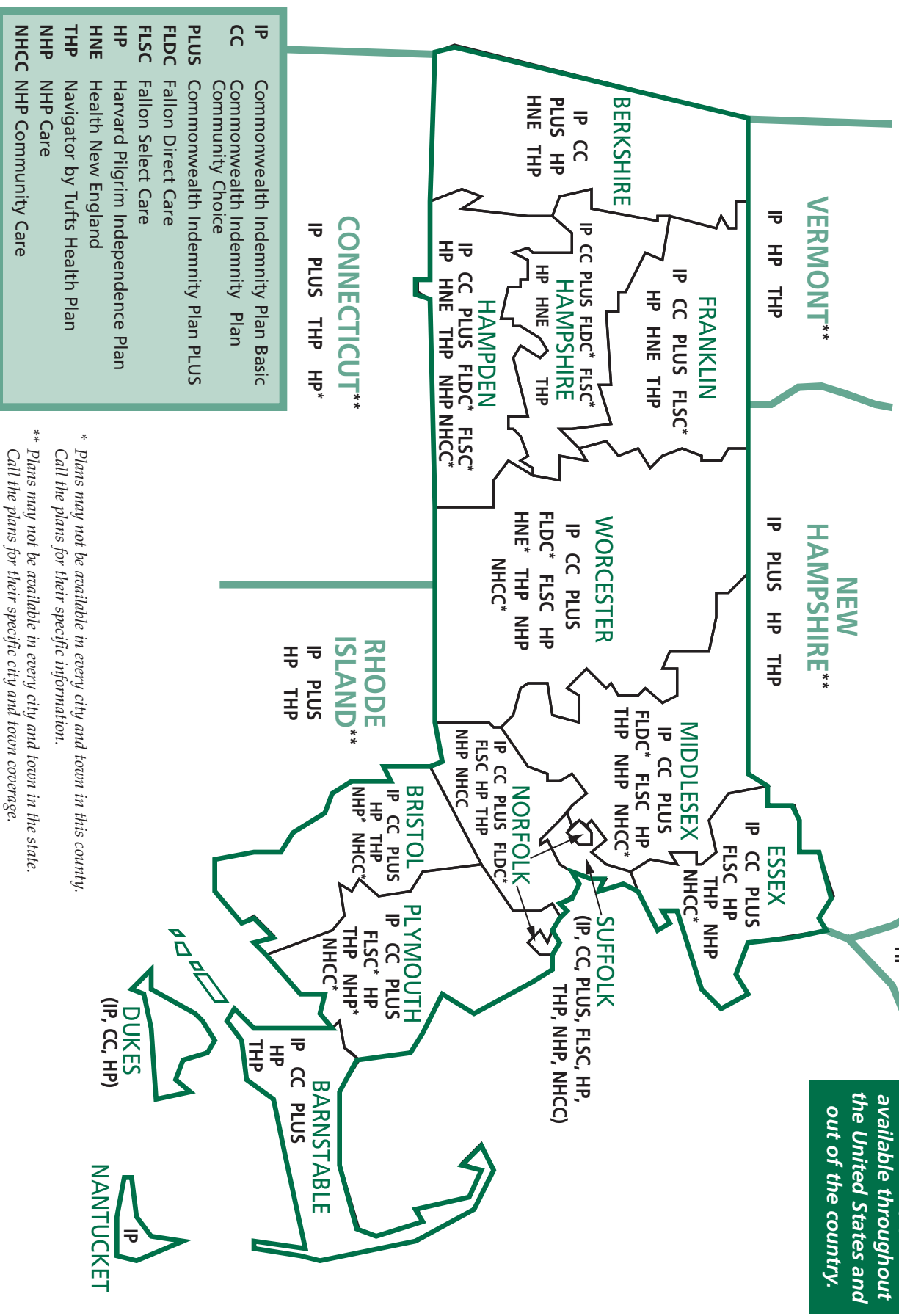


Is the Plan Available in Your Area?

Where you live determines which health plan(s) you are eligible to join. Review the county and state map below for an overview of health plan(s) available in your area.

The Commonwealth Indemnity Plan Basic is the only plan available throughout the United States and out of the country.



* Plans may not be available in every city and town in this county. Call the plans for their specific information.
** Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage.

Prescription Drug Benefits – All GIC Plans

Multi-Tier Co-payment Structure

All GIC health plans have a tiered co-payment structure in which members generally pay less for generic drugs and more for brand name drugs. This system maintains a broad choice of covered drugs for patients and their doctors, while providing an incentive to use medications that are safe, effective and less costly.

The following descriptions will help you understand your prescription drug co-payment levels. *See the Benefits-at-a-Glance charts on pages 13 and 16-19 for the corresponding co-payment information.* (Some plans may categorize their prescription drug tiers differently from those listed below. Call the plans for more information.)

Generic (usually tier 1): Generic drugs contain the same active ingredients as brand name drugs and are sold under their chemical name. These drugs are subject to the same rigid FDA standards for quality, strength, and purity as brand name drugs. Generic drugs cost less than brand name drugs because they do not require the same level of sales, advertising, and development expenses associated with brand name drugs.

Preferred Brand Name (tier 2): The manufacturer sells these drugs under a trademarked name. Preferred brand name drugs usually do not have less costly generic equivalents.

Non-Preferred Brand Name (tier 3): These drugs are also trademarked. They have a generic equivalent or a preferred brand alternative that can be substituted.



Tips for Reducing Your Out-of-Pocket Prescription Drug Costs

You want the best when it comes to medications, and you want to spend your money wisely. You can do both. The following tips will help you lower your out-of-pocket prescription drug costs:

Ask for Generics: Ask your doctor or pharmacist if there is a generic drug that is appropriate for your condition. By choosing a generic medication, you usually can save on your co-payment. Generic drugs generally cost less than brand name drugs.

Give Your Doctor a Copy of Your Plan's

Formulary: The majority of GIC plans revise their drug formularies in January and update them throughout the year. It is available on most plan websites. Photocopy the formulary, keep a copy for yourself and give it to each doctor that you see.

The formulary gives you a list of the most commonly prescribed medications – generics and preferred brand name drugs – with the lowest co-pays. Frequently, there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.

Use Mail Order: If you are taking a medication on a regular basis, take advantage of mail order savings and convenience. Members taking drugs for asthma, high blood pressure, allergies, high cholesterol and other long-term conditions will enjoy lower co-pays and home delivery with mail order. For most drugs, you will only need to order refills once every three months – you get up to a 90-day supply of your medication with each order. Once you begin mail order, you can conveniently order refills by phone or Internet. It's easy to get started. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail service order form and send it along with your prescription and co-pay to your prescription drug plan. *See pages 13 and 16-19 to see how much you will save by switching from using your local pharmacy to using mail order.*

Active Employees Age 65 and Over

Important Information About Medicare Part D

All GIC health plans have prescription drug benefits equal to or greater than the federal Medicare Part D benefit. If you are Medicare eligible, but still working, your GIC health plan's prescription drug coverage will satisfy Medicare's creditable coverage requirements. When you retire, and if you need to apply for Medicare Part D, show the Social Security Administration a copy of the GIC's Creditable Coverage Notice to avoid paying a penalty. This notice will be in your health plan handbook effective July 1, 2006 and is also available on the GIC's website.

Commonwealth Indemnity Plans' Prescription Drug Benefits

Express Scripts, Inc. is the prescription drug benefits administrator for members of the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice and Commonwealth Indemnity Plan PLUS.

The prescription drug plan encourages the use of safe, effective and less expensive prescription drugs. In addition to a three-tier formulary and less expensive mail order service, as described on page 11, the Plan has three programs that address the issues of quality, safety and cost:

Pilot Program with Value Co-Pays

Last year the GIC introduced pilot programs that encourage members to adhere to their cholesterol-lowering statin regimen and discourage members from taking high-cost GI/stomach drugs, such as Nexium, when other lower-cost drugs might work just as well. This pilot program, which lowers co-pays for certain generic drugs, will continue in Fiscal Year 2007.

Members prescribed these drugs will enjoy a very low \$2 retail and \$4 mail order co-pay for the following drugs:

- Generic versions of Mevacor
- Stomach acid medications: generic versions of H-2 antagonists, such as Tagamet 300, 400 and 800 mg, Pepcid 40 mg, Axid 150 and 300 mg, or Zantac 300 mg

These drugs would ordinarily have co-pays of \$7 at retail and \$14 through mail order.

In an effort to discourage members from taking drugs whose efficacy, value and/or safety is questionable, the following medications will stay on the **non-preferred brand name drug tier of \$40 retail and \$90 mail order:**

- COX-2 inhibitors: Celebrex
- All Proton Pump Inhibitors (PPIs): e.g., Nexium, Prevacid, Aciphex, Protonix and prescription-strength Prilosec

Prilosec OTC Covered

The GIC will continue to cover over-the-counter versions of Prilosec at a co-pay of \$7 retail and \$14 mail order. Have your physician write a prescription for Prilosec OTC to receive coverage.

Last year we moved omeprazole (generic Prilosec) to the non-preferred brand name tier in response to the high cost of this drug. Since that time, the price of this drug has fallen, so omeprazole will be moved to the preferred brand tier effective July 1, 2006.

Step Therapy

Under this program, members are encouraged to use the most appropriate drug therapy for certain conditions. Frequently, a physician will prescribe the most expensive drug without first trying effective, less-costly drugs proven to work for your condition. The Step Therapy program encourages the use of effective first-line drugs before expensive, second-line alternatives. Certain drugs that treat the following conditions are covered by Step Therapy: stomach acid, pain/arthritis, allergies, high blood pressure, topical dermatitis, ADD/ADHD, high cholesterol and depression. This drug list is subject to change. First-line drug treatments are safe, effective and less expensive than the second-line drugs. If your doctor thinks you need a second-line drug, he or she must contact Express Scripts to request a prior authorization.

Generics Preferred

This program provides an incentive for members to use the generic version of a brand name drug. If your doctor writes "do not substitute" on your prescription for a non-preferred brand name drug for which there is a generic version, you will pay the generic drug co-pay *and* the difference between the cost of the generic drug and the cost of the non-preferred brand name drug. Make sure your doctor knows that not using the generic drug will cost you more. He or she may reconsider whether or not to put you on the more expensive alternative.

Commonwealth Indemnity Plans' Prescription Drug Questions?

Contact Express Scripts


1.877.828.9744

www.express-scripts.com

Benefits-at-a-Glance: Commonwealth Indemnity & Community Choice

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

For more information about plan designs, call the plan or visit its website.

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN BASIC WITH CIC ^{1,2} (Comprehensive)	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	
		In-Network	Out-of-Network ³
PROVIDER	UNICARE	 UNICARE	
TELEPHONE NUMBER	1.800.442.9300	1.800.442.9300	
WEBSITE	www.unicare-cip.com	www.unicare-cip.com	
Inpatient Hospital Care	100%, after hospital deductible	See page 14	100%, after hospital deductible
Hospice Care	100%, after calendar year deductible	100%	
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)	100%, after \$50 co-pay (waived if admitted)	100%, after \$100 co-pay (waived if admitted)
Outpatient Surgery	100%, after outpatient surgery deductible	100%, after outpatient surgery deductible	
Diagnostic Laboratory Test	100% with preferred provider 80% of allowed charges without preferred provider	100%	100%, after \$50 co-pay hospital-based; 100% non hospital-based
Diagnostic Imaging (e.g., X-Rays, CT Scans, MRIs)	100%	100%	100%, after \$50 co-pay hospital-based; 100% non hospital-based
Physician Office Visit (except mental health)	100%, after \$10 per visit and calendar year deductible	See page 14	Not applicable
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Inpatient Hospital Deductible per quarter	\$150	See page 14	\$750 per admission
Outpatient Surgery Deductible	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$250 per occurrence
Calendar Year Deductible <i>Individual</i> <i>Family</i>	\$75 \$150	\$0 \$0	\$0 \$0
Prescription Drug Co-pay ⁴ <i>Network Pharmacy</i> – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ⁵ .		
<i>Mail Order</i> – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$90 non-preferred brand name drugs ⁵ .		
Mental Health and Substance Abuse Care	See page 20		

¹ Benefit payments to out-of-state providers are determined by allowed amounts. Members may be responsible for a portion of the total charge.

² Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services.

³ Benefits are subject to reasonable and customary allowed amounts. Members may be responsible for a portion of the total charge.

⁴ Contact Express Scripts to find out how a specific drug is categorized.

⁵ Additional charges may apply. See page 12 for Express Scripts benefit details.



Benefits-at-a-Glance: SELECT & SAVE In-Network Benefits

This chart is a comparative overview of in-network plan co-pays for physician office visits and inpatient hospital care. Contact your plan, and other plans you are considering, to see which tier your doctors are in.

Medical providers – doctors, hospitals and other care givers – vary in their use of medical resources and overall quality



of care. Our Select & Save plans give you information about these variances and give you co-pay incentives for choosing high quality and/or cost-effective providers or limited provider networks. Each plan has its own groupings of providers that meet and exceed quality and/or cost effectiveness thresholds. *See pages 13 and 16-20 for an overview of other benefits.*

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	COMMONWEALTH INDEMNITY PLAN PLUS	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE ¹
PROVIDER	UNICARE	UNICARE	FALLON COMMUNITY HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN
TELEPHONE NUMBER	1.800.442.9300	1.800.442.9300	1.866.344.4442	1.866.344.4442
WEBSITE	www.unicare-cip.com	www.unicare-cip.com	www.fchp.org	www.fchp.org
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN ² . Contact the plans for details.			
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit Child Preventive Care: 100%	100%, after \$15 per visit Child Preventive Care: 100%, after \$5 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit	No tiering	100%, after \$20 per visit Child Preventive Care: 100%, after \$10 per visit
Tier 3	No tier 3	No tier 3	No tiering	No tier 3
Specialist Physician Office Visit				
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$15 per visit	100%, after \$20 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit	No tiering	100%, after \$25 per visit
Inpatient Hospital Care				
Tier 1	100%, after \$200 per admission	100%, after \$200 per admission	100%, after \$200 per admission	100%, after \$250 per admission
Tier 2	No tiering	100%, after \$400 per admission	No tiering	100%, after \$300 per admission
Tier 3	No tiering	No tier 3	No tiering	No tier 3
	Maximum one deductible per calendar quarter per person		Maximum 4 co-pays annually per person	

HEALTH PLAN	HARVARD PILGRIM INDEPENDENCE PLAN	HEALTH NEW ENGLAND	NAVIGATOR BY TUFTS HEALTH PLAN	NHP COMMUNITY CARE
PROVIDER	HARVARD PILGRIM HEALTH CARE	HEALTH NEW ENGLAND	TUFTS HEALTH PLAN	NEIGHBORHOOD HEALTH PLAN
TELEPHONE NUMBER	1.800.542.1499	1.800.842.4464	1.800.870.9488	1.800.462.5449
WEBSITE	www.harvardpilgrim.org/gic	www.hne.com	www.tuftshealthplan.com/gic	www.nhp.org
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN ² . Contact the plans for details.			
Tier 1	100%, after \$15 per visit	100%, after \$10 per visit	100%, after \$15 per visit	100%, after \$10 per visit
Tier 2	No tiering	100%, after \$15 per visit	No tiering	No tiering
Tier 3	No tiering	100%, after \$25 per visit	No tiering	No tiering
Specialist Physician Office Visit				
Tier 1	100%, after \$15 per visit ³	100%, after \$15 per visit	100%, after \$15 per visit ⁴	100%, after \$10 per visit
Tier 2	100%, after \$25 per visit ³	No tiering	100%, after \$25 per visit ⁴	No tiering
Inpatient Hospital Care				
Tier 1	100%, after \$400 per admission	100%, after \$200 per admission	Adult: 100%, after \$150 per admission Child: 100%, after \$200 per admission ⁵	100%, after \$200 per admission
Tier 2	No tiering	No tiering	Adult: 100%, after \$300 per admission Child: 100%, after \$400 per admission ⁵	No tiering
Tier 3	No tiering	No tiering	Adult: 100%, after \$500 per admission; Child: No tier 3 ⁵	No tiering
	Maximum 4 co-pays annually per person		Maximum 4 co-pays annually per person	

¹ Fallon Community Health Plan Select Care calls its physician tiers Value Plus (tier 1) and Value (tier 2); Tiers for all services are based on the Primary Care Physician's tier.
² Co-pays for OB/GYNs in Community Choice, PLUS, Harvard Independence and Tufts Navigator are the same as co-pays for PCPs.
³ Harvard Pilgrim Independence Plan tiers the following Massachusetts specialists into tier 1 or tier 2: Cardiology, Orthopedics, General Surgery, Gastroenterology, Dermatology. All other specialists are in tier 2.



⁴ Tufts Health Plan tiers the following surgeons based on their hospital affiliation's quality-cost score: General, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology. All other specialists are in tier 2.
⁵ Tufts Health Plan groups its hospitals by adult medical/surgical services and obstetrics, which are called Level I: best quality-cost score, Level II: better quality-cost score, Level III: good quality-cost score. Pediatric hospitals are grouped by Level I: best quality-cost score and Level II: better quality-cost score.



Benefits-at-a-Glance: PPO-Type Plans

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.



For more information about plan designs, call the plan or visit its website.



HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN PLUS		HARVARD PILGRIM INDEPENDENCE PLAN		NAVIGATOR BY TUFTS HEALTH PLAN	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
PROVIDER	UNICARE		Harvard Pilgrim Health Care		Tufts Health Plan	
TELEPHONE NUMBER	1.800.442.9300		1.800.542.1499		1.800.870.9488	
WEBSITE	www.unicare-cip.com		www.harvardpilgrim.org/gic		www.tuftshealthplan.com/gic	
Inpatient Hospital Care	See page 14	80%, after hospital deductible	See page 14	80% After calendar year deductible, \$3,000 out-of-pocket max. per person	See page 15	80% After calendar year deductible, \$3,000 out-of-pocket max. per person
Hospice Care	100%	80%, after calendar year deductible	100%	80%	100%	80%
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)		100%, after \$50 co-pay (waived if admitted)		100%, after \$50 co-pay (waived if admitted)	
Outpatient Surgery	100% after outpatient surgery deductible	80%	100%, after outpatient surgery co-pay	80% After calendar year deductible, \$3,000 out-of-pocket maximum per person	100%, after outpatient surgery co-pay	80% After calendar year deductible, \$3,000 out-of-pocket maximum per person
Diagnostic Laboratory Tests	100%	80%	100%	80%	100%	80%
Diagnostic Imaging (e.g., X-rays, CT Scans, MRIs)	100%	80%	100%	80%	100%	80%
Physician Office Visit and Preventive Care (except mental health)	See page 14	80%, after \$20 per visit and calendar year deductible	See page 14	80%	See page 15	80%
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.			
Inpatient Hospital Deductible/ Co-pay	See page 14	\$400 per person per calendar quarter	See page 14	Not applicable	See page 15	Not applicable
Outpatient Surgery Deductible/ Co-pay	\$75 per person per calendar quarter	\$75 per person per calendar quarter	\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable	\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable
Calendar Year Deductible				Medical Mental Health & Substance Abuse		
Individual	\$0	\$100	\$0	\$150	\$0	\$150
Family	\$0	\$200	\$0	\$300	\$0	\$300
Prescription Drug Co-pay ²						
Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ³		\$10 tier 1, \$20 tier 2, \$40 tier 3		\$10 tier 1, \$20 tier 2, \$40 tier 3 ³	
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$90 non-preferred brand name drugs ³		\$20 tier 1, \$40 tier 2, \$90 tier 3		\$20 tier 1, \$40 tier 2, \$90 tier 3 ³	
Inpatient and Intermediate Mental Health and Substance Abuse Care	See page 20		100%, after \$200 per admission; maximum 4 co-pays per calendar year	80%, after \$150 per admission	See page 20	
Outpatient Mental Health and Substance Abuse Care	See page 20		100%, after \$15 per individual visit or \$10 per group visit	Visits 1-15: 80% Visits 16 and over: 50%	See page 20	

¹ Benefits subject to reasonable and customary allowed amounts. Members may be responsible for a portion of the total charge.





² Contact the plan to find out how a specific drug is categorized.

³ Additional charges may apply. See page 12 for details on Express Scripts benefits.

Benefits-at-a-Glance: HMOs

This chart is a comparative overview of HMO benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

For more information about a specific plan's benefits or providers, call the plan or visit its website.

<div><div>select & save quality. value.</div><div>select & save quality. value.</div><div>select & save quality. value.</div><div>select & save quality. value.</div></div>					
HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE	HEALTH NEW ENGLAND	NHP CARE	NHP COMMUNITY CARE
TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442	1.800.842.4464	1.800.462.5449	1.800.462.5449
WEBSITE	www.fchp.org	www.fchp.org	www.hne.com	www.nhp.org	www.nhp.org
Inpatient Hospital Care	See page 15		See page 14		See page 15
Outpatient Surgery	100%, after \$75 co-pay per occurrence	100%, after \$100 co-pay per occurrence Value Plus tier or \$125 per occurrence Value tier ¹	100%, after \$75 co-pay per occurrence	100%, after \$100 co-pay per occurrence	100%, after \$75 co-pay per occurrence
	Maximum of four co-pays annually.		Maximum of four co-pays annually.		
Diagnostic Laboratory Tests	100%		100%	100%	100%
Diagnostic Imaging (e.g., X-rays, CT and PET scans, MRAs, & MRIs)	100%		100% X-rays and 100%, after \$50 per occurrence for CT and PET scans, MRAs & MRIs.	100%	100%
Hospice Care	100%		100%	100%	100%
Emergency Room Care (includes out-of-network)	100%, after \$75 co-pay per visit (waived if admitted)		100%, after \$50 co-pay per visit (waived if admitted)	100%, after \$75 co-pay per visit (waived if admitted)	100%, after \$50 co-pay per visit (waived if admitted)
Physician Office Visit (except Mental Health)	See page 15	See page 15	See page 14	100%, after \$20 per visit	See page 15
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Prescription Drug Co-pays ² Network Pharmacy – Up to a 30-day supply	\$5 tier I \$20 tier II \$60 tier III	\$5 tier I \$20 tier II \$60 tier III	\$10 tier 1 \$20 tier 2 \$40 tier 3	\$10 generic \$25 preferred brand name \$45 non-preferred brand name	\$7 generic \$20 preferred brand name \$40 non-preferred brand name
Mail Order – Maintenance drugs up to a 90-day supply	\$10 tier I \$40 tier II \$180 tier III	\$10 tier I \$40 tier II \$180 tier III	\$20 tier 1 \$40 tier 2 \$120 tier 3	\$20 generic \$50 preferred brand name \$135 non-preferred brand name	\$14 generic \$40 preferred brand name \$120 non-preferred brand name
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.		Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.		
Outpatient Mental Health and Substance Abuse Care	100%, after \$10 per visit	100%, after \$15 per visit Value Plus tier ¹ 100%, after \$20 per visit Value tier ¹	100%, after \$15 per visit	100%, after \$20 per visit	100%, after \$10 per visit

¹ Tiers are based on the tier of your Primary Care Physician. Contact Fallon Community Health Plan for details.

² Contact the individual plan to find out how a specific drug is categorized.

Benefits-at-a-Glance: Mental Health-Substance Abuse

For Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan PLUS and Navigator by Tufts Health Plan

This chart is an overview of plan benefits. It is not a complete description. Services for mental health and substance abuse conditions are not covered through the medical portion of your plan. *For more detailed information about plan design and providers, call UBH or visit its website.*

	COVERAGE	
PROVIDER	United Behavioral Health (UBH)	
TELEPHONE	1.888.610.9039	
WEBSITE	www.liveandworkwell.com (access code: 10910)	
BENEFITS	In-Network	Out-of-Network
Inpatient Care² Mental Health General hospital or Psychiatric hospital Substance Abuse General hospital or substance abuse facility	100%, after inpatient care deductible	80% ¹ , after deductible
Intermediate Care² <i>Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, day/partial hospitals, structured outpatient treatment programs.</i>	100%	80%
Outpatient Care² Individual and family therapy Medication Management Group Therapy	100%, after \$15 per visit 100%, after \$10 per visit 100%, after \$10 per visit	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ³
Enrollee Assistance Program (EAP): <i>Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.</i>	Up to 3 visits: 100%	No coverage for EAP
Inpatient Care per Admission Deductible	<i>Indemnity Basic</i> \$150 per calendar quarter <i>Community Choice, PLUS and Tufts Navigator</i> \$200 per calendar quarter	\$150 per admission
Annual Deductible <i>(Separate from the medical deductible and out-of-pocket maximum)</i>	None	\$150 per person \$300 per family
Provider Eligibility	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

¹ Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

² Treatment that is not pre-certified receives out-of-network level reimbursement.

³ All outpatient out-of-network visits beyond session 15 require pre-authorization.